

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT#
(Ethics Commission filers)

2 Total pages filed:

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Mr. Michael J.
"Griff" Griffin

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX:

APT / SUITE #:

CITY:

STATE:

ZIP CODE

☐ Change of Address

5327 Weynalding Way
Houston Texas 77009

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(713) 503-8064

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Mr. Christopher C.
Chris Pappas

7 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE):

APT / SUITE #:

CITY:

STATE:

ZIP CODE

1401 McKinney St. Suite 2700
Houston Texas 77010

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(713) 425-7401

9 REPORT TYPE

☒

January 15

☐

30th day before election

☐

Runoff

☐

15th day after campaign treasurer appointment (officeholder only)

☐

July 15

☐

8th day before election

☐

Exceeded \$500 limit

☒

Final report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

THROUGH

Month

Day

Year

Nov / 8 / 05 THROUGH 1 / 15 / 06

11 ELECTION

ELECTION DATE

Month

Day

Year

ELECTION TYPE

11 / 8 / 05

☐ Primary

☐ Runoff

☒ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

None

13 OFFICE SOUGHT (if known)

City Council: 1 @ 41

14 NOTICE
OF DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **

Name

Address / PO Box: Apt. / Suite #: City: State: Zip Code

☐ additional pages

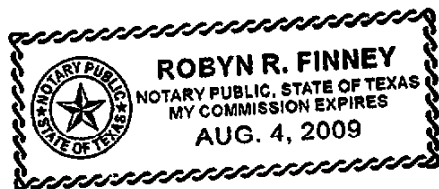
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME <u>Michael J. Griffin</u>		16 ACCOUNT # (Ethics Commission Use)
17 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	<p>-- This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. --</p>	
	COMMITTEE TYPE	COMMITTEE NAME
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS
18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5960.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 4615.55
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1284.45
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 19,000.00

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Michael J. Griffin
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Michael Griffin, this the 17th day of JANUARY, 2006, to certify which, witness my hand and seal of office.

Robyn R. Finney
Signature of officer administering oath

ROBYN R. FINNEY
Printed name of officer administering oath

NOTARY PUBLIC
Title of officer administering oath

PLEDGED CONTRIBUTIONS

SCHEDULE B

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule B:

2 FILER NAME

Michael J. Griffin

3 ACCOUNT # (Ethics Commission files)

4

TOTAL OF UNITEMIZED PLEDGES:

\$

5 Date

6 Full name of pledgor

☐ out-of-state PAC (ID#)8 Amount of
pledge (\$)9 In-kind description
(if applicable)

11-4-05

Curtis A. Brooks

Pledgor address; City; State; Zip Code

[REDACTED]

Houston Texas

4,000.00

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID#)Amount of
pledge (\$)In-kind description
(if applicable)

11-4-05

Mark A. Frevert

Pledgor address; City; State; Zip Code

[REDACTED]

Houston Texas 77019

1,000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID#)Amount of
pledge (\$)In-kind description
(if applicable)

11-4-05

Geo S Grey Roberts

Pledgor address; City; State; Zip Code

[REDACTED]

Houston Texas 77024

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID#)Amount of
pledge (\$)In-kind description
(if applicable)

11-4-05

Mary Lopez

Pledgor address; City; State; Zip Code

[REDACTED]

League City Tex

300.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID#)Amount of
pledge (\$)In-kind description
(if applicable)

11-4-05

Tim Johnson

Pledgor address; City; State; Zip Code

[REDACTED]

Houston Texas 77010

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

Michael J. Griffin

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

11-10-05

Joe. Schrein

6 Payee address;

City: State: Zip Code

7 Amount (\$)

100.00

8 Purpose of payment (See instructions regarding type of information required.)

Radio

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

11-14-05

John. Sonmu

Payee address;

City: State: Zip Code

Amount (\$)

25.00

Purpose of payment (See instructions regarding type of information required.)

Sign

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

11-10-05

Stenmagraph

Payee address;

City: State: Zip Code

Amount (\$)

112.00

Purpose of payment (See instructions regarding type of information required.)

Sign

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

11-11-05

Diane. Mernaal

Payee address;

City: State: Zip Code

Amount (\$)

100.00

Purpose of payment (See instructions regarding type of information required.)

Campaign Worker

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

Michael Griffin

3 ACCOUNT # (Ethics Commission filers)

4 Date

11-7-05

5 Payee name

Sherrill Johnson

7 Amount (\$)

154.00

6 Payee address;

City; State; Zip Code

8 Purpose of expenditure (See instructions regarding type of information required.)

Campaign worker

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

Date

11-7-05

Payee name

ACA

Amount (\$)

151.55

Payee address;

City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

T-Shirts

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

Date

11-7-05

Payee name

KCCA

Amount (\$)

152.00

Payee address;

City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Advertising

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

Date

11-7-05

Payee name

Bayer Group Inc

Amount (\$)

450.00

Payee address;

City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Adv.

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

2 FILER NAME

Michael J. Griffin

3 ACCOUNT # (Ethics Commission filer)

4 Date

11-4-05

5 Payee name

RTS U Radio

6 Payee address; City; State; Zip Code

8 Amount (\$)

100.00
1451.00

7 Purpose of expenditure (See instructions regarding type of information required.)

Radio - Ad

☐ Reimbursement from political contributions intended

Date

11-11-05

Payee name

Olivia Mills

Payee address; City; State; Zip Code

Amount (\$)

200.00

Purpose of expenditure (See instructions regarding type of information required.)

Worker

☐ Reimbursement from political contributions intended

Date

11-11-05

Payee name

Burt Levine

Payee address; City; State; Zip Code

Amount (\$)

600.00

Purpose of expenditure (See instructions regarding type of information required.)

Media Worker

☐ Reimbursement from political contributions intended

Date

11-11-05

Payee name

Olivia Duncan

Payee address; City; State; Zip Code

Amount (\$)

500.00

Purpose of expenditure (See instructions regarding type of information required.)

Campaign Worker

☐ Reimbursement from political contributions intended

Date

11-11-05

Payee name

Paul Thomas

Payee address; City; State; Zip Code

Amount (\$)

500.00

Purpose of expenditure (See instructions regarding type of information required.)

Web Page

☐ Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED